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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 9603

SERIAL NUMBER 09/425,471	FILING DATE 10/22/1999 RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. FDC-0136-PUS
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APPLICANTS

JULIE A. GESCHWENDER, OMAHA, NE;

MICHELE MURPHY-Houser, OMAHA, NE;

** CONTINUING DATA *****

This appln claims benefit of 60/105,611 10/26/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/15/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NE	DRAWING 4	CLAIMS 26	CLAIMS 2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

22045
BROOKS & KUSHMAN
1000 TOWN CENTER 22ND FL
SOUTHFIELD, MI
48075

TITLE

SYSTEM AND METHOD FOR DETECTING PURCHASING CARD FRAUD

FILING FEE RECEIVED 886	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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SERIAL NUMBER 09/425,471	FILING DATE 10/22/99	CLASS 705	GROUP ART UNIT 2767	ATTORNEY DOCKET NO. FDC-0136-PUS
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APPLICANT JULIE A. GESCHWENDER, OMAHA, NE; MICHELLE MURPHY-Houser, OMAHA, NE.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/105,611 10/26/98

PP yes

371 (NAT'L STAGE) DATA***

VERIFIED

PP nine

FOREIGN APPLICATIONS***

VERIFIED

PP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NE	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
Examiner's Initials _____ Initials _____

ADDRESS PAUL M SCHWARTZ BROOKS & KUSHMAN P C 1000 TOWN CENTER 22ND FL SOUTHFIELD MI 48075-1351
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TITLE SYSTEM AND METHOD FOR DETECTING PURCHASING CARD FRAUD	
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FILING FEE RECEIVED \$868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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